

<i>SERFF Tracking Number:</i>	<i>ARBB-127693479</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>49966</i>
<i>Company Tracking Number:</i>	<i>23-2616 10/11</i>		
<i>TOI:</i>	<i>H17G Group Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H17G.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>Pharmacy Rider</i>		
<i>Project Name/Number:</i>	<i>Amendment/23-2616 10/11</i>		

## Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Pharmacy Rider

SERFF Tr Num: ARBB-127693479 State: Arkansas

TOI: H17G Group Health - Prescription Drug

SERFF Status: Closed-Approved-Closed  
State Tr Num: 49966

Sub-TOI: H17G.000 Health - Prescription Drug Co Tr Num: 23-2616 10/11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Christi Kittler, Yvonne  
McNaughton, Frank Sewall, Rita  
Thatcher, Evelyn Laney

Disposition Date: 10/12/2011

Date Submitted: 10/06/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Amendment

Status of Filing in Domicile: Pending

Project Number: 23-2616 10/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 10/12/2011

State Status Changed: 10/12/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

Filing Description:

Attached please find form 23-2616 10/11 for your review and approval if indicated.

This rider takes the 3-tier copayment plus coinsurance and adds the 4-tier discount value formulary. No other changes are being made.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the rider as part of the benefit certificates with which it will be used as provided by Arkansas Code Annotated §23-80-206(e).

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By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which this rider will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which this rider is attached.

## Company and Contact

### Filing Contact Information

Evelyn Laney, Senior Compliance Analyst	exlaney@arkbluecross.com
320 West Capitol, Ste 211	501-378-2165 [Phone]
Little Rock, AR 72201	501-378-2975 [FAX]

### Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	10/06/2011	52545516

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	10/12/2011	10/12/2011

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## Disposition

Disposition Date: 10/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Amendment	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: 23-2616 10/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/12/2011	23-2616 10/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.000	23-2616 10- 11 3T +Coin and Grp VF.pdf



**AMENDMENT TO THE  
ARKANSAS BLUE CROSS AND BLUE SHIELD  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2616  
3-Tier Copayment plus Coinsurance - 4<sup>th</sup> Tier Value Formulary  
Form Nos. 163,164,232,233,234,235,241,242,243,244,  
263,265,268,269,270,271**

**SCHEDULE OF BENEFITS, Managed Drug Program** is hereby amended to read as follows.

**Managed Drug Program**

Value Formulary

Prescription Drug Benefit .....YES

1<sup>st</sup> Tier Drug Copayment .....[\$10.00]

2<sup>nd</sup> Tier Drug Copayment ..... [\$40.00]

3<sup>rd</sup> Tier Drug Copayment..... [\$60.00]

Drug Coinsurance .....[20%]

4<sup>th</sup> Tier Discount ONLY

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Medications"** Subsection 1.c.iv. is hereby amended to read as follows.

**ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Covered Person must present his or her Arkansas Blue Cross and Blue Shield ID card to a Participating Pharmacy at the time the Covered Person purchases the Prescription Medication. ("Participating Pharmacy" is defined in Subsection 9.[62].) The pharmacist will electronically notify the Company's prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Covered Person may call the Pharmacy Help Line telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Covered Person either the applicable Prescription Medication Copayment plus Coinsurance or the discounted price for the Prescription Medication. Applicable Prescription Medication Copayments plus Coinsurance are listed in Schedule of Benefits. The Company will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Subsection 9.[30].), (2) for Prescription Medication purchased prior to the date the Covered Person received his or her Arkansas Blue Cross and Blue Shield ID card or (3) in accordance with Subsection 3.[22].1.c.v. below.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Medications"** Subsection 1.c.xi. is hereby amended to read as follows.

**Copayment and Coinsurance Information**

Each Prescription is covered only after the Covered Person pays the applicable Prescription Medication Copayment plus the Coinsurance (listed on the Covered Person's Schedule of Benefits) to the Participating Pharmacy. Covered Persons will be charged either the appropriate Prescription Medication Copayment plus the Coinsurance or the discounted price for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Prescription Medication Copayment plus Coinsurance applied for each month's supply. (See Subsection 9.[46] Maintenance Medication.)

When a Generic Medication is dispensed, the Covered Person will pay the first tier Prescription Medication Copayment plus the Coinsurance specified in the Schedule of Benefits for each

initial and refill Prescription. If there is no generic equivalent, the Covered Person will pay either the Brand Name Medication Copayment plus the Coinsurance or the discounted price for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available the Covered Person will pay the Brand Name Medication Copayment plus the Coinsurance plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

A Covered Person is responsible for 100% of the cost of a Brand Name Medication on the 4<sup>th</sup> tier but will receive discount for using the Participating Pharmacy.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Medications"** Subsection 1.d.i. is hereby amended to read as follows.

**Covered Medications.** A Medications and B Medications are covered under this Subsection 3.[22].1.d. (See Subsection 9.[77] for definitions of "A Medications" and "B Medications.") A Medications are covered subject to either the Prescription Medication Copayment plus Coinsurance or the discounted price as listed in the Schedule of Benefits. B Medications are covered subject to the Calendar Year Deductible and Coinsurance listed in the Schedule of Benefits.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Medications"** Subsection 2.b. is hereby amended to read as follows.

**Specialty Medications.** Selected Prescription Medications are designated by the Company as "Specialty Medications" due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn's disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with the Company. The benefit for a Specialty Medication that is designated by the Company as "Specialty Medication 1" is subject to either the Prescription Drug Copayment plus Coinsurance or the discounted price specified in the Schedule of Benefits. The benefit for a Specialty Medication that is classified by the Company as "Specialty Medication 2" is subject to the Calendar Year Deductible and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from the Company upon request or, if you have Internet access, you may review this list on the Company's web site at [WWW.ARKANSASBLUECROSS.COM](http://WWW.ARKANSASBLUECROSS.COM). This Subsection 3.[22].2.b is applicable to Prescription Medication covered by Subsections 3.[22].1.b, c. and d.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, "Medications"** Subsection 2.e. is hereby amended to read as follows.

**Dispensing Quantities — Limitations**

A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.

New Prescriptions will be covered by one Prescription Medication Copayment plus the Coinsurance for up to a month's supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Prescription Medication Copayment plus the Coinsurance applied for each month's supply.

Early refills are covered at the discretion of the Company. A prescription will not be covered if refilled after one year from the original date of the prescription.

Coverage of selected Prescription Medications as designated from time to time by the Company in its discretion, is subject to Dose Limitations. (See Subsection 9.[26] Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from the Company upon request.



This Subsection 3.[22].2.e is applicable to Prescription Medication covered by Subsections 3.[22].1. c. and d.

**GLOSSARY OF TERMS, Formulary** is hereby amended to read as follows.

**Formulary** means a specified list of Prescription Medications covered by the Company. The Formulary is established by the Company based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of the Company. Prescription Medications on the Formulary are classified into various tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the subsequent tiers are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by the Company. In determining whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, the Company compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Benefit Certificate unless or until the Company places the medication on the Formulary.**

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



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P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD  
601 S. Gaines Street  
Little Rock, Arkansas 72201

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	10/12/2011
<b>Comments:</b> See attached.		
<b>Attachment:</b> Flesch Certification 23-2616 10-11.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	10/12/2011
<b>Bypass Reason:</b> Not required.		
<b>Comments:</b>		



# Arkansas BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE:           Arkansas Blue Cross and Blue Shield  
              Amendment No. 23-2616 10/11**

## **FLESCH READING EASE CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.0 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

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Name

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Vice President

Title

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October 7, 2011

Date